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ABSTRACT

Managing antisocial behavior is a critical issue facing those who work with young children, as the presence of early socialization problems is the single greatest predictor of adolescent and adult antisocial behavior. This booklet highlights the effectiveness of behavior management strategies that introduce and reinforce positive behaviors, rather than simply eliminating the negative ones. The booklet's introduction provides a rationale for the development of social competence in young children, differentiating social competence and social skills, and defining antisocial behaviors. The second section examines contributing factors to antisocial behavior in young children. The third section discusses early identification of such behaviors and early intervention, listing dimensions that can measure when a behavior requires intervention: frequency, duration, intensity, topography [physical signs] and latency. The fourth section addresses working with parents to manage a child's antisocial behavior. The fifth section cautions caregivers to check their assumptions about children's coping mechanisms and examine the purposes behind a child's behavior. The sixth section offers several steps for caregivers to follow when considering an intervention for antisocial children, including modeling social competence, examining environmental stimuli that reinforce antisocial behavior, and teaching appropriate alternatives. The booklet concludes with a case study in which the previous steps were used to manage and improve one child's antisocial behavior. (Contains 12 references.) (HTH)

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Managing Difficult Behaviour in young children

June Slee



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Edition Editor

Alison Elliott

Series Editor

Wendy Sanderson

Publications Assistant

Norelle Woolley

Graphic Design

Claire Connelly

Cover Illustration

Olivia Connelly

Photographs

Barry Brown, Andrew Sikorski

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Membership, subscription & advertising inquiries:

Early Childhood Australia Inc.

PO Box 105 Watson ACT 2602

Tel: (02) 6242 1800

Fax: (02) 6242 1818

Sales line (toll free): 1800 356 900

Email: eca@earlychildhood.org.au

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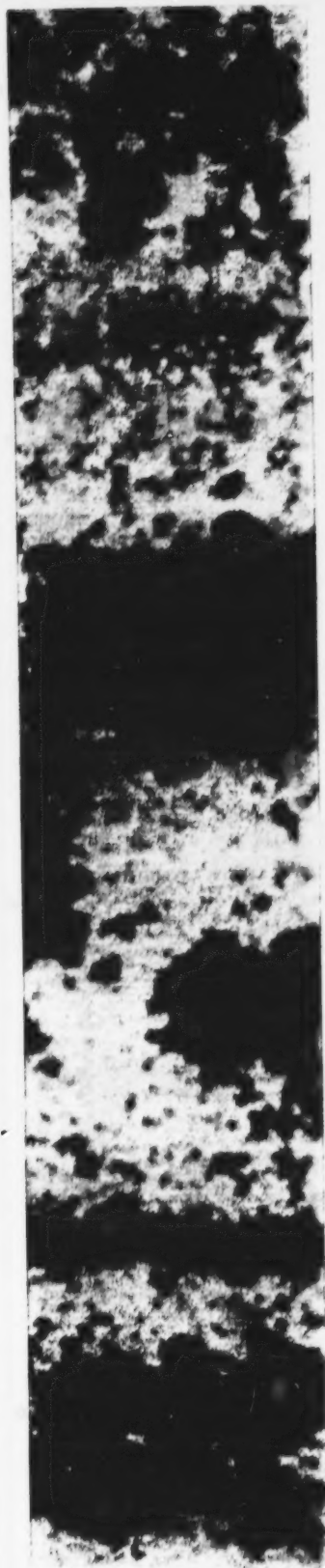
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About the author

Dr Slee has a PhD in behaviour management and has worked extensively in this area as a consultant/trainer, teacher and lecturer. Currently, she is working as a consultant, writing and delivering training packages in both hard copy and electronic format. Much of her experience has been with early childhood educators and parents and this has convinced her that intervention needs to begin when children are very young. She believes that this intervention should be directive rather than reactive. Dr Slee advocates that we teach children skills that enable them to interact positively with others and that we continue to build on those competencies.



Introduction

Overcoming difficult behaviour through the development of social competence.

'Social competence is an ability to establish satisfactory social relationships' (Kerr & Nelson, 1998, p. 432).

One of the most worrying issues facing those who work with young children is the management of difficult behaviour. Children who display a lack of critical social skills can disturb the experience of others in an early childhood setting. The most serious aspect of antisocial behaviour is its long-term effect. The single greatest predictor of adolescent and adult antisocial behaviour is the presence of early socialisation problems.

'Children who are rejected or neglected by their peers and who fail to make friends while they are young are at risk for future problems including academic deficits, delinquency, problems with mental health, unemployment and alcohol' (Zirpoli & Melloy, 1993, p. 245).

Those who work in early childhood care and education may have to examine their own attitudes and beliefs in order to guide young children with difficult behaviours to social competence. Many of us assume that young children know what socially acceptable behaviour is and choose to behave antisocially. Such assumptions tend to focus on eliminating negative behaviours rather than on introducing positive behaviours and then training the child to a level of social competence. By removing the antisocial act only, you are leaving the child devoid of reliable coping strategies.

The child has to learn that socially acceptable behaviours are more effective in achieving their goals than are antisocial behaviours.

To help young children develop socially it is necessary:

- to understand the concept of social competence;
- to be able to identify the causal factors contributing to antisocial behaviours;
- to recognise the importance of early intervention; and,
- to train the child in social skills until they become socially competent.

Social competence

Social competence is the demonstration of appropriate social skills at the right time and place. It is a heightened form of situational awareness. What might be appropriate behaviour with the child's siblings in the backyard at home may not be appropriate on the mat during story-time. Training the child to develop sensitivity to social situations, and act accordingly, is training for social competence. This starts at a very early age and continues throughout the child's life. A lack of social competence results in peer rejection. Conversely, socially competent children have positive interactions with others.

All sources of information regarding children's social acceptance indicate that better-liked youngsters are those who are considerate, helpful, and able to appeal to group norms or rules without alienating their peers (Kauffman, 2001, p. 296).

Children learn through observation, and as they mature they become selective in the behaviour they imitate, using the cues from the environment to shape their behaviour. Those who fail to recognise and imitate cues, or who do not see positive role models in their early years, are at risk of becoming antisocial. To address this deficit, we teach social skills.

Social skills

Social skills are the building blocks of social competence and are taught informally and formally. It is essential that children are reinforced by performing the appropriate skill in a real life setting to gain competency. Teaching social skills but never monitoring their spontaneous performance is neglectful and a waste of effort. An analogy would be teaching swimming strokes outside the pool, and then putting children in the water and leaving them to literally sink or swim. Children must be guided through the acquisition of new skills until they reach a state of confidence and competence in their use.

'Social skills are primarily acquired through learning, comprise specific and discrete verbal and nonverbal behaviors, entail both effective and appropriate initiations



and responses, maximise social reinforcement, are interactive by nature, are influenced by the characteristics of the participant and environment in which it occurs, and can be specified and targeted for intervention' (Michelson & Mannarino, 1986, p. 376).

Social skills are best described as learned sequences of individual behaviours that combine to form a satisfactory interaction. Essential social skills include developing self-control, interacting positively with others, and expressing feelings. A corollary of socially competent behaviour is on-task behaviour, it is accepted that the child who can stay on-task is much more likely to succeed academically. The socially competent child is likely to reach normal developmental and academic goals with ease.

Michelson and Mannarino (1986) encapsulate the components of social skills and the importance of social competence. Let's examine their excellent definition above. No child is born socially adept. All social interactions are acquired on leaving the womb. The child learns from those with whom it spends the greatest amount of time, and if their models exhibit inappropriate responses it is likely the child will do the same. Conversely, children who witness appropriate skills are more likely to use similar skills. Behaviours that strengthen a child's interaction with others are appropriate initiations and responses.

The lost dog vignette

Shyrelle is crying. Pardoe asks her what the matter is. On being told that she has lost her dog, he says, 'That's good, my mum says your dog is a nuisance', and walks off.

Derryn (5) overhears this and tells Shyrelle that he knows how she feels as he lost his dog, and suggests a few places the dog could be. Shyrelle is too upset to accept his advice, so he takes her hand and goes to look for the dog.

Pardoe is not reinforcing positive peer-to-peer interactions. Derryn, on the other hand, is. He has demonstrated skills of the overall process of 'helping friends', including reflective listening, empathy and encouragement. Specific antisocial skills, such as Pardoe's lack of empathy, can be targeted for intervention.





Antisocial behaviours

Antisocial behaviour is a recurring demonstration of violations of socially prescribed patterns of behaviour. It is one of the most common forms of psychopathology among children and youth and is the most frequently cited reason for referral to health or behavioural team services. Aggression is the behaviour that causes the most concern in young children, because it is disruptive, highly visible, harmful to others and potentially a lifelong problem.

Common to most definitions of antisocial behaviour are the notions of repetition, transgressing accepted boundaries of behaviour and the probability of negative long-term outcomes.

'Antisocial behavior suggests hostility to others, aggression, a willingness to commit rule infractions, defiance of adult authority and violations of the social norms and mores of society' (Walker, Colvin & Ramsey, 1995, p. 2).

Antisocial behaviours are extremes of normal behaviour

It is useful to think of antisocial behaviours as extremes of normal behaviours, represented on a continuum from excessively withdrawn behaviour to excessively aggressive behaviour. For example, some shyness is normal in young children, but the choice to speak only in the home (selective mutism) could be described as shyness in its extreme form. Most children hit others from time to time. However, the child who hits, bites and punches his peers at least once every 10 minutes in the child care setting must be classified as an extremely aggressive child.

'Regardless of cause or etiology, excess behaviors are socially defined. They do vary in terms of their negative consequences for the individual, such as effects on health, physical well-being, and learning. But the social consequences, and with them the quality of life and opportunity, are largely a function of social judgement and tolerance, so that some behaviors can lead to particularly negative outcomes' (Meyer and Evans, 1989, pp. 27-28).

Society is intolerant of age-inappropriate behaviour. Early childhood professionals need to recognise developmental stages in young children as a standard against which to compare atypical behaviours.

Do children 'grow out' of less desirable behaviours?

The 'continuity hypothesis' argues that maladjusted children grow into maladjusted adults, while the 'growth hypothesis' suggests that children have a remarkable capacity to outgrow undesirable behaviours and develop into well-adjusted adults. Children who cause concern are those who do not 'grow out' of displaying antisocial behaviours. Indicators that early childhood professionals and family members should be concerned about are increases in extreme behaviours with age, rather than decreases, and, the frequency with which the behaviour is displayed.

Causes of antisocial behaviour in young children

Contributing factors

Antisocial behaviour is multiply determined by a great number of constitutional (genetic, neurobiological) and environmental (family, community) factors. Dodge (1993) has identified three primary types of causal factors in the development of antisocial behaviour. He suggests the following adverse factors appear in this order:

- Early rearing practice;
- Entry to the early childhood setting;
- Resultant social rejection.

Parenting practices that reflect abuse, poverty and unemployment, drug and alcohol problems, and are inconsistently lax and harsh, are adverse factors. The child from this environment may arrive at their early childhood setting with negative attitudes towards 'authority' figures, poor cooperative skills and a tendency to use the aggressive behaviours they have seen modelled in the home.

A child's 'career path' is almost assured if they continue to show a high frequency and variety of antisocial behaviours





reinforced by complex stimuli across a number of settings. When these factors exist, the child is at risk of peer rejection, academic failure, and further isolation (unless of course they join a deviant peer group).

Concluding comments

Causal factors that influence the development of antisocial behaviours are multiply determined and include many conditions directly connected to the child's genetics, temperament, and early parenting. In reality, few of these factors can be changed. At best you need to understand their influence and counter it by introducing the child to positive behaviours.

Early identification and early intervention

Identifying the child who lacks social skills

This is not a difficult task, as antisocial children almost identify themselves. The child who is constantly involved in differences with peers, who is often unhappy, and who fails to thrive in your setting may have poorly developed social skills.

Measuring antisocial behaviour

Antisocial behaviour can be measured in several dimensions, including frequency, duration, intensity, topography, and latency.

If you think the child lacks social competency, use one of the above dimensions to measure their behaviour and then compare this with the behaviour of a child who is regarded as socially adept. Each of the dimensions listed measures different forms of antisocial behaviour.

Frequency measures observable complete actions such as biting, hitting and punching.

Duration measures on-going behaviours such as tantrums.

Intensity reflects the degree of intent of the action.

Topography is about body image – the red face, the puffed-out chest etc.



Latency is the time that elapses between the child being asked to do something and actually doing it.

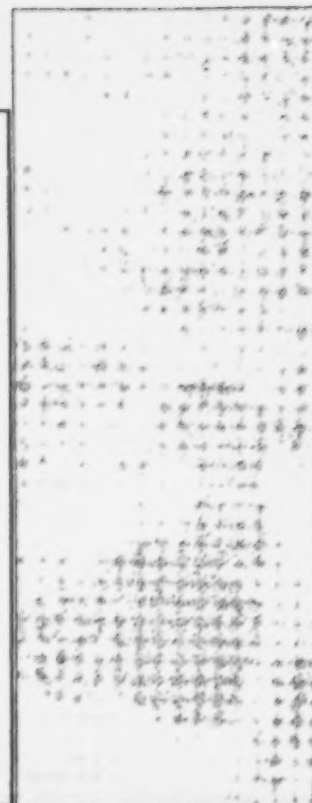
Intervention Required	No Intervention required
Frequency	
Brenton hits peers twice an hour.	Dixie has hit once.
Duration	
Marmalade has tantrums for up to 20 minutes – apparently out of control.	Cosmo stamps his foot momentarily.
Intensity	
Misty bites until blood runs.	Brad pokes arms softly.
Topography	
Sacha gets red in the face prior to a tantrum.	Theo screws up his eyes when he laughs.
Latency	
Tarquin takes at least five minutes to sit on the mat when asked.	Yasmin sits within 15 seconds of being asked.

The need for early intervention

Early onset and persistence of antisocial behaviour places the child at serious risk for mental health problems in adulthood. Successful prevention of the escalation of antisocial behaviour depends on early identification and intervention across the child's environment.

Effective interventions include:

- parent management training to support the development of social and communication skills;
- direct teaching to strengthen the child's behavioural, social and communication skills with adults and peers;
- continued training and support to maintain skills in a variety of settings.



Working with parents

There are two main objectives in working with parents:

1. Helping them to meet their need to support the development of social competence in their child.
2. Assuring them that your setting is supporting the goal of social competence.

If the parents and the early childhood setting agree that the child needs to develop appropriate social skills you then work collaboratively with the parents as equal partners in their child's development. You share strategies, progress and continuing goals, maintaining a family-centred approach.

It is more difficult to work with parents if you believe that the home is one of the causes of antisocial behaviour. You need to make sure that your approach remains positive. If parents feel negativity they may regard your setting as hostile and any interactions with professionals as essentially aversive.

By adopting the attitude that the problem is primarily educational, much of the resistance from home can be overcome. Parents may be unable to change the family dynamics, but are keen for their child to succeed educationally. Strategies that focus on the child and help the parent manage problems are more acceptable than the implication that they need to become better parents.

There are several ways of responding to parents' requests for assistance in managing their child. Strategies formed in the early childhood setting can be extended to the home and parent groups can be formed. Take care to always model best practices when communicating with the home, in the hope that they will be emulated.

The following vignette illustrates a process that involves parents' support and remains focused on the child.

Service-home communication

Gillie is non-compliant with adults and peers at the centre, and spends a good deal of time on the 'magic cushion' in self-imposed time out, or crying on the floor. Gillie's mother was invited to discuss the problem with the director. It transpired that Gillie behaved like that at

home, and her mother did not know how to handle her. Together Gillie's mother and the centre staff devised the following plan and put it into action.

Each day Gillie took home a card illustrating one positive social interaction she had demonstrated at the centre. Her mother discussed this with her, reinforcing it with praise and a reward—something Gillie was fond of. Initially this included food but gradually it developed into games she played with her mother. (Time-strapped parents often give very little of what their children crave, shared time, so it is essential that home reinforcement include this on its reward menu.) Each day Gillie brought her card to the centre with a positive comment from her mother about her behaviour at home or in the neighbourhood. This was reinforced at the centre.

Concluding comments

Parents are essential partners in a child's care and education. Social competence goals should be based on the needs of parents as well as professionals' expectations. By including parents, the professional gains insight to the child and valuable support in developing social competency.

The purpose of behaviour

Check your assumptions

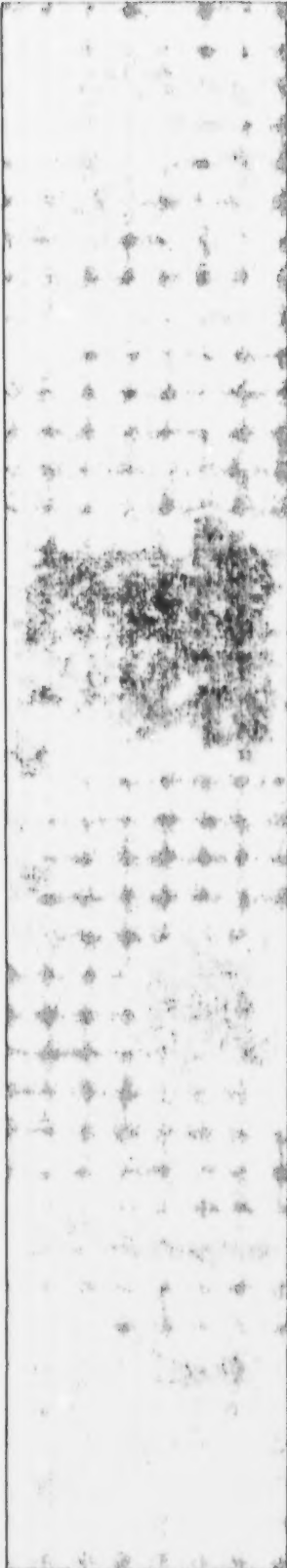
- You should never assume that children know what socially appropriate behaviour is.
- You should never assume that children know how to use socially acceptable behaviour even if they say they know what it is.

And, if children know what they should be doing and how to do it, don't assume that they know where and when they should do it.

All behaviour has a purpose — including antisocial behaviour.

While you cannot assume that all children enter your centre with appropriate social skills, you can assume that all children will arrive with some coping mechanisms —





either acceptable or unacceptable. Before any plan can be made to change behaviour, it is essential to acknowledge that **all** behaviour has a purpose and is often multi-determined. Rudolf Dreikurs (1972) identified four goals of misbehaviour as power, attention, revenge and inadequacy. The 'vignette of the disappearing lunches' illustrates the multiplicity and complexity of the goals of any behaviour.

The disappearing lunches

Jodella's carer, Maureen, is concerned: Jodella has started taking the other children's lunches — even the expressed milk for the youngest baby. On the day Jodella drank the milk, Maureen told the other parents as they arrived to pick up their children. Jodella's grandmother (her custodial carer) arrived last because she had to work overtime. By the time Maureen had told Grandma in hushed and shocked tones, Jodella had overheard the story six times. The next day she drank the milk, ate all the snacks, vomited, and then told Maureen.

Attention, power, and revenge were the goals of Jodella's behaviour, but, more specifically, you might hypothesise that her purpose was to be with her mother, and not her grandmother—and certainly not Maureen.

The key to developing social competency

The key to guiding the child from antisocial behaviour to social competence is to identify the purpose(s) of the child's behaviour and teach them the skills that will allow them to achieve the same purpose(s) but in an appropriate fashion. These newly acquired skills should demonstrate that the child would acquire the same goal, but faster and in a more satisfying form. (Satisfaction comes from the positive reinforcement from adults and peers — the attention the child has been seeking in an antisocial manner.) The following vignette illustrates this key to social competence.

Keanu, who swapped biting for smiling

Keanu had been fighting during a game of 'Snap!' at preschool, so his peers decided that he could no longer play. He leaned over and bit two of them and was taken to the timeout mat. He did the same thing frequently during many activities. The teachers decided that Keanu liked the power and attention he gained from this antisocial behaviour, and decided that a new strategy was necessary. They devised a plan that would still meet those needs for power and attention, but would use the social skills of asking to join in games. They would also teach him social skills involved in walking away peaceably if he was refused the right to join, and the skills of playing by the rules of the game if invited to join.

Smiling was the first of a sequence of the new behaviours to be taught. Keanu learned this and the subsequent behaviours quite rapidly once he saw the return for his effort. He generalised this to other settings, and his peers and his teachers learned to recognise that when Keanu smiled he was beginning a chain of appropriate behaviours.

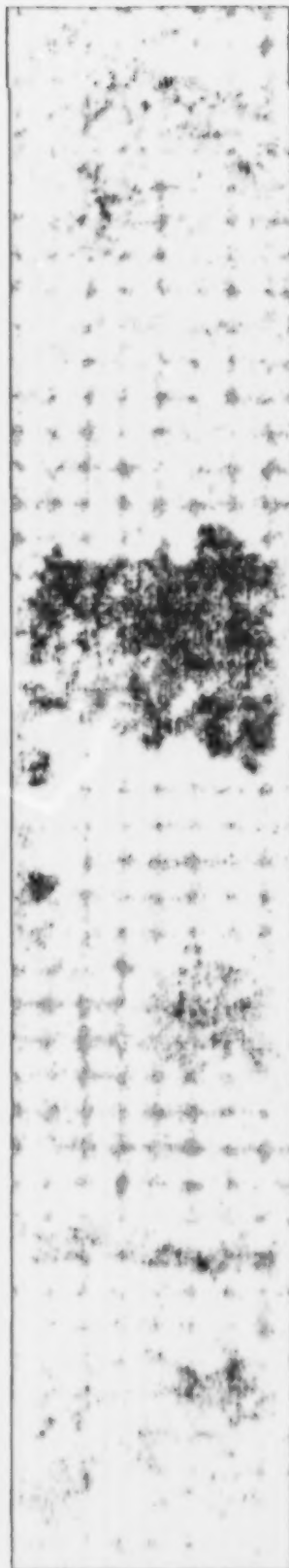
Intervention

Early childhood professionals should consider the following steps when considering an intervention to help antisocial children.

1. Model social competence in all interactions with children.
2. Look at the environmental stimuli that reinforce antisocial behaviour.
3. Design an intervention that teaches appropriate alternatives to antisocial behaviour, both informal and formal, using techniques of modelling, role-playing, and performance feedback.
4. Ensure generalisation of social competence across settings and personnel.

Effective interventions combine all of the above steps. Here, each will be discussed in relation to Tye.





Case study

Tye is three years old and new to the early childhood setting. He pushes peers, and often hurts them. The director has contacted the previous setting and learned that Tye was not guided to an appropriate way of interacting. Instead, he got his own way, so he was being constantly reinforced in inappropriate behaviour. Tye's mother has told the director there is not much she can do about it as Tye spends considerable time with his father, who wants him to be tough.

Steps in the intervention to guide Tye towards social competence:

1. Modelling social competence in all interactions with children.

Modelling appropriate responses to all exchanges within the setting is essential behaviour for early childhood professionals. Children learn so much from example at this stage, and your actions should help, not hinder, their development. It is acknowledged that reacting appropriately at all times in very trying circumstances is not easy. You need to ask yourself what you are doing that might be contributing to the child's behaviour.

When confronted with difficult behaviours ask yourself the following questions:

- What am I doing that is unproductive?
- Why hasn't this worked in the past?
- What will happen if I keep doing this?
- What can I do that might work instead?
- Why should I be doing this?
- What might happen if I try another angle?

Practise this until it becomes automatic.

2. Changing the stimuli in the child's environment.

Changing the stimuli in an environment is a **short-term** measure which prevents escalation of antisocial behaviour. Environmental adaptations such as adequate and safe

playing space, ample equipment, and easily accessed materials promote positive behaviour. Rules and routines should be displayed graphically, such as footprint templates painted on the floor to indicate where queuing children should stand. Reduce these prompts as the children demonstrate sharing, taking turns, and joining in. At the same time, reduce the frequency of positive reinforcement.

It is essential that behaviour is addressed in the setting in which it occurs.

For the child who moves around on the mat and eventually ends up hurting someone during the process, it is a good idea to help that child construct a circle out of masking tape with their initial in the centre. Tye would construct a large "T" with your help. That is his space, and you should praise him for staying in it. This strategy should be combined with training the whole group in respecting each other's space.

3. Designing an intervention that teaches appropriate alternatives to antisocial behaviour, both informal and formal, using techniques of modelling, role-playing and performance feedback.

An appropriate alternative to Tye's behaviour is to train him in the social skill of taking turns. Group Tye with two positive role models and practise the following steps until each individual has mastered them.

1. Verbalising

Ask each child to say that they can wait for their turn.

'I don't like waiting, but I can do it.'

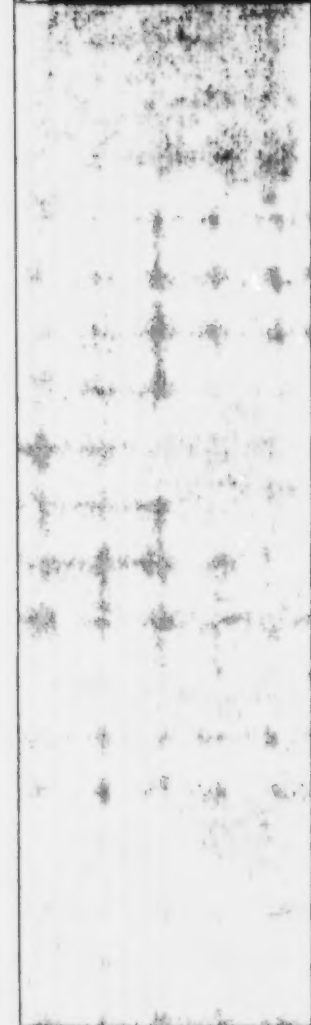
2. Discussing

Ask them to describe how they feel when they have to wait.

3. Choosing

- Explain that there is a choice. They can either wait quietly or find something else to do.
- What does 'waiting quietly' mean? It means not to hurt anyone and not to get angry.
- What does 'do something else' mean? List specific





activities the children could engage in while waiting for a turn. For example, if they are waiting to wash, they might like to look at the fish in the aquarium, which is near the sinks for this purpose.

4. Doing it

The children are told that they need to think about which is the best choice and then go ahead and do it.

5. Role-playing

Construct scenarios representing actual situations Tye might encounter at the centre, at home, and with his peers in the community to allow him to develop social competency. For example:

- Queuing at the sink;
- Queuing for lunch;
- Waiting for turns on the park equipment;
- Waiting for turns when playing with siblings.

To enhance positive interaction teach skills in small groups and in situ.

6. Reinforcing real-life performance

Following the skill training, devise real-life scenarios so that you can deliver adequate and prompt reinforcement. For example, place Tye second in the queue at the sink (rather than tenth) and praise his waiting skills.

Reinforce in specific terms, so that there is no ambiguity. 'Tye, I really liked the way you waited your turn quietly', or, 'Tye, I really liked the way you went to the book corner until it was your turn on the computer'. Non-specific responses such as 'Good boy, Tye' can be confusing.

To use reinforcement effectively:

- reinforce immediately; specific praise is the most effective;
- use consistently;
- make reinforcement contingent upon observable behaviours;
- reinforcement must be age-appropriate.

Ask yourself, are young children in your environment being reinforced for:

- Appropriate, not inappropriate, behaviour?
- Attentive behaviour?
- Fluent rather than merely accurate behaviour?
- Independent rather than dependent behaviour?

Strategies to reinforce positive interactions

Shaping or praising approximations of the desired behaviour supports skill acquisition. For example, Tye might be standing in the queue, but calling out, 'It's my turn, it's my turn!' You need to remind him that he is standing in the queue nicely, but waiting turns means waiting quietly. So, instead of reprimanding him for calling out, you are praising him for what he is doing right. Shaping is a very useful and powerful technique with young children.

Modelling or praising the desired behaviour in another child is another useful technique. Let's say that, despite role-play and consistent reinforcement for even a small approximation, Tye still insists on pushing in. Choose a positive role model to whom Tye attributes some status, and praise that child for waiting to take their turn. Tye hears and sees you saying, 'I really like the way that Nolan is waiting for his turn to get the paint – well done, Nolan.' Eventually Tye will learn that, to get the same kind of attention as Nolan, he must learn to act like him.

Punishment

What if Tye still insists on pushing—only on the odd occasion, but with an intensity that hurts the victim? Your response is to remind him of the appropriate behaviour, while at the same time discussing with him the consequences of his behaviour. You have had this conversation with him before, so he should know the routine.

The steps are:

1. Ask him the rules about pushing others.
2. Prompt if he doesn't remember it.





3. Ask him what happens when people push – they will hurt others.
4. Ask him to tell you how the child who was pushed must feel. (Raising a child's empathetic awareness increases sensitivity and is likely to reduce violent behaviour).
5. Take him to a special place and ask him to reflect on what he should have done.
6. When he is ready, he tells you, and together you discuss the problem, using a problem-solving matrix:

Problem solving matrix

1. What happened?
2. What did you want to happen?
3. Did your response work?
4. What should you have done?
5. What can you do next time?

The child should depict the incident graphically while discussing it, or role-play the incident with toys. Closure should be the drawing-up of an informal contract in which the child undertakes to use the appropriate behaviour when the next occasion arises.

Strategies that ensure generalisation and maintenance

A major problem with social skill training is that newly acquired behaviours tend to be situation specific. In other words, you might have Tye queuing at the sink, but on the playground he is still pushing and shoving to be first. Generalisation, the capacity to apply the newly acquired behaviours in other settings, will not be gained unless it is taught.

The steps of teaching generalisation

1. Teach behaviours that are common to a number of settings, such as taking turns.
2. Interchange cues to train children to respond to a variety of stimuli.
3. Enlist the support of adults and peers to train the child to respond to everyone and not just you.
4. Before sending a child to another setting, find out the skills they will need there and teach these skills.
5. Fade, or gradually reduce the number and frequency of reinforcers as the child gains competence. Never eliminate these entirely, as we all thrive on positive reinforcement. If the antisocial behaviour begins to increase in frequency (or any other dimension) you need to slow down the pace of your fading techniques.
6. The most effective way to ensure generalisation is to teach the child self-management skills, such as problem-solving and verbal mediation.

Conclusion

- It is commonly accepted that if children fail to make appropriate socio-behavioural adjustments when young, they are at risk for a number of negative outcomes in the long term.
- To date, early identification and treatment of antisocial behaviour is the most promising strategy in preventing children from developing into antisocial adolescents and adults.
- It is the responsibility of the early childhood professional to guide the child to a domain from which he or she can build lasting friendships.
- Effective plans are evolved and implemented with the support of the child's parents and focus on the development of skill alternatives to antisocial behaviour.
- Social competence is achieved when a child interacts positively with others across each of the settings encountered during their day.



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